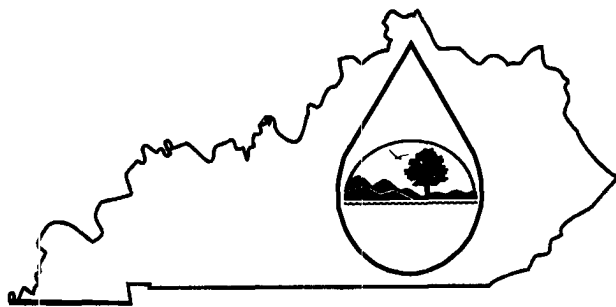


KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2004 MAY 11 P 2: 14

PERMIT APPLICATION

DIVISION OF WATER CK 640.00

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit Commonwealth Aluminum Lewisport, LLC									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: Lewisport Rolling Mill					Owner Name: Commonwealth Industries Inc.				
Facility Location Address (i.e. street, road, etc.): 1372 State Road 1957					Mailing Street: 500 West Jefferson Street				
Facility Location City, State, Zip Code: Lewisport, KY 42351					Mailing City, State, Zip Code: Louisville, KY 40202-3474				
					Telephone Number: (502) 588-8100				

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: Lewisport Rolling Mill produces finished aluminum coil from aluminum scrap to form ingots. The ingots are rolled via hot and cold processes and then finished with paint coat via coating operations to meet customers specifications.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description: 3341		Cleaning and processing of scrap aluminum	
Other SIC Codes:		3353	3479

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Hancock	City where facility is located (if applicable): 3 miles east of Lewisport
C. Body of water receiving discharge: Thrasher Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37° 57'	Facility Site Longitude (degrees, minutes, seconds): 86° 51'
E. Method used to obtain latitude & longitude (see instructions): survey	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 12-083-6853	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Joseph D. Roberts

Telephone Number:

270-295-5270

Operator Mailing Address (Street):

1372 State Road 1957

Operator Mailing Address (City, State, Zip Code):

Levissport, KY 42351-0480

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

2

Certification Number:

8487

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0002666

Issue Date of Current Permit:

September 1, 2002

Expiration Date of Current Permit:

February 28, 2005

Number of Times Permit Reissued:

2

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	V-03-049	
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	KYD058691031	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Dale Roberts
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	


VII. APPLICATION FILING FEE

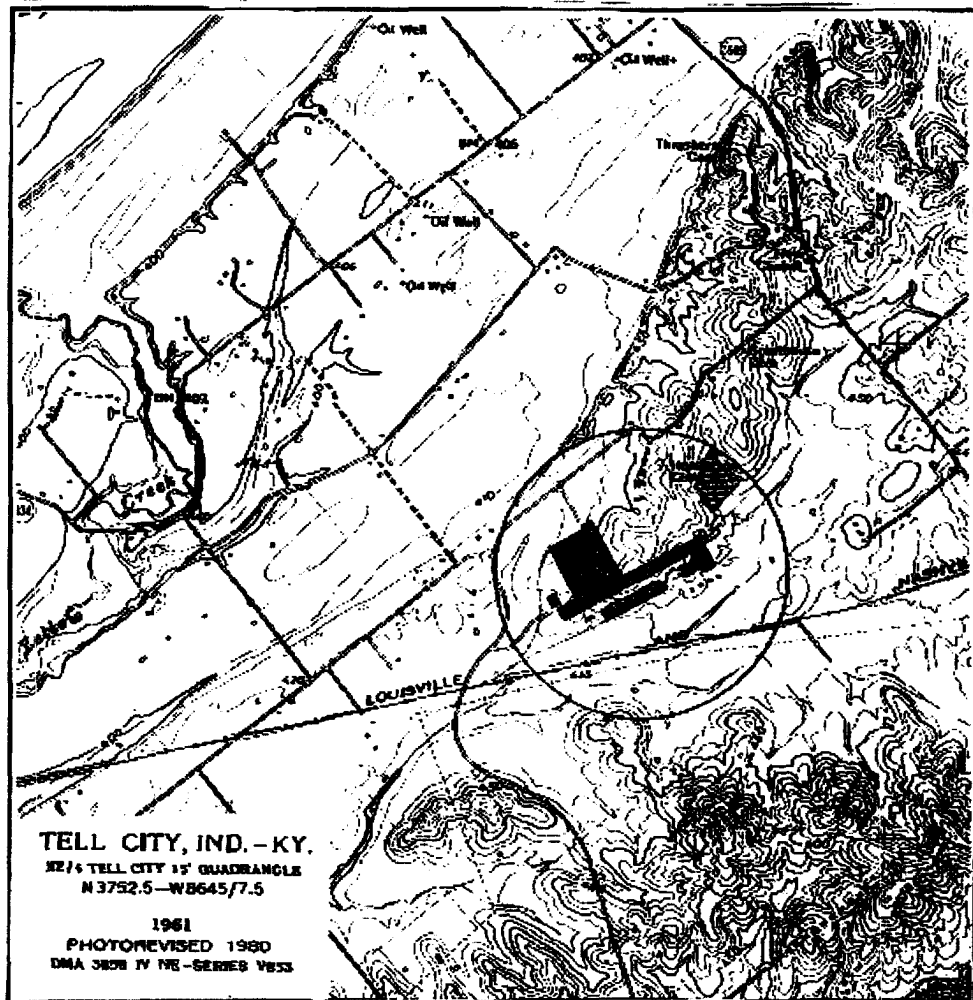
KFDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	640.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mike Baker General Manager, Kentucky Operations	270-295-3451
SIGNATURE	DATE:
	<i>April 12, 2004</i>



SITE AREA / VICINITY MAP

